

State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/17/2015

Business ID: 290603

William M. Gardner

Secretary of State

FAIRPOINT CARRIER SERVICES, INC.

908 W FRONTVIEW

DODGE CITY, KS 67801

ADDRESS OF PRINCIPAL OFFICE:

521 E. MOREHEAD, STE 500

CHARLOTTE, NC 28202

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 290603

STATE OF DOMICILE: DELAWARE

COMPETITIVE LOCAL EXCHANGE TELEPHONE CARRIER SERVICES
ON A RETAIL BASIS,ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Lisa R. Hood

STREET 908 W. Frontview

CITY/STATE/ZIP Dodge City Ks 67801

PRES. Peter G. Nixon

STREET 521 E. Morehead, Ste 500

CITY/STATE/ZIP Charlotte NC 28202

SEC'Y. Shirley J. Linn

STREET 521 E. Morehead, Ste 500

CITY/STATE/ZIP Charlotte NC 28202

TREAS. John R. Whitener

STREET 521 E. Morehead, Ste 500

CITY/STATE/ZIP Charlotte NC 28202

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Paul H Sunu

STREET 521 E. Morehead, Ste 500

CITY/STATE/ZIP Charlotte NC 28202

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

LISA R HOOD

Please print name and title of signer:

LISA R HOOD

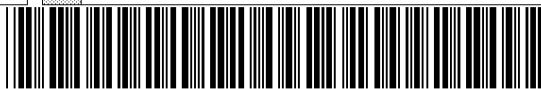
/ VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



029060320151009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301